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CONFIRMATION NO. 2410

<b>SERIAL NUMBER</b> 10/713,637	<b>FILING OR 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> END-5240	
<b>APPLICANTS</b> Robert J. Dunki-Jacobs, Mason, OH; Yoav Avidor, Cincinnati, OH; Michael P. Weir, Blanchester, OH;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/426,211 11/14/2002 <i>Ly</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/23/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27777					
<b>TITLE</b> Methods and devices for detecting tissue cells					
<b>FILING FEE RECEIVED</b> 1426	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		